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ABSTRACT

The document offers guidelines for observing the nature of life in a variety of closed institutions (state mental hospitals and state schools). An initial section offers guidelines for asking questions, conducting evaluation, and making observations while visiting institutions. The remainder of the document lists questions for 17 areas: building and grounds, admission, the institution's facade, living space, habilitation and treatment, staff, residents, staff/resident communication, vocabulary, daily routines, clothing, personal appearance and hygiene, personal possessions, residents' rights, control, relations with family members, and records. (SBH)

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OBSERVING IN INSTITUTIONS

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Introduction

The series of questions presented in this brochure is intended to serve as a guide for observing the nature of life in a variety of closed institutions, namely state "mental hospitals" and "state schools." The questions whould assist readers in focusing their observations on the policies, practices, programs, and conditions of institutional life.

While many of the questions presented here are ones that we often ask during visits to closed institutions, they are also derived from the writings of Burton Blatt, Erving Goffman, Douglas Biklen, and the many students who have recorded extensive field notes while taking courses at the Center on Human Policy. Finally, we have consulted recent federal court decisions which deal extensively with institutional conditions and policies.

The Questions

Observers may wish to carry this guide with them during their first days "in the field;" however, we would advise against this approach. Admittedly, we wrote this guide hoping that readers would be able to use it to move beyond the limitations imposed during official guided tours as well as beyond those we all experience when observing something new. Yet we would warn against the use of this manual as a tourbook. The best way to find out about an institution is to listen to people who work and live there and to observe the normal, everyday activities as they occur. After just listening and observing, you will find that many of the questions will be answered without ever having actually been asked. At times, you may want residents or staff to speak about certain aspects of institutional life. In such instances, it would be advisable to rephrase the questions more casually and informally in an attempt to elicit natural, unguarded responses. For example, instead of saying, "How would you characterize life in this institution?" you might ask, "What's this place like?"

Quite obviously, this booklet does not contain all possible questions one might wish to ask about institutional life, although we have attempted to make it comprehensive. Some questions may not be applicable to certain institutions, while some institutions will probably call forth additional questions from the observer. Readers should maintain a certain amount of flexibility and not allow this booklet to become a substitute for their eyes and ears.

Evaluation

Many people who observe in institutions may want to do more than "understand" what they are observing; they may want to evaluate as well. Our only warning in this regard is that an effort be made to separate what you see from your judgment about it. That is not to say that one should not evaluate institutional life. However, it is often easy to confuse factual events and circumstances with opinions and feelings one brings to the setting.

With that warning in mind, let us consider the evaluation process. Whenever we begin to evaluate what we observe, we are in effect leaving the realm of factual observation and entering an area of judgment; this raises the issue of what evaluative criteria to apply to institutions. We would prefer not to compare one institution to another. Rather, we would suggest that we view institutions from a wider perspective by comparing them to alternative programs or to formulations of

the "ideal" situation. Everyone will have to arrive at his or her own criteria for judgment and, in each case, the criteria will be a function of individual morality and belief. Our personal criteria for evaluating institutions are tied to the concept of "normalization," which to paraphrase Bengt Nirje, refers to the practice of making jobs, residences, educational programs, and other services available to people with disabilities in a manner that conforms as closely as possible to the norms and patterns of the mainstream of society. As an example, an institution that employs its residents and pays them the minimum federal or state wage for working would be considered more "normalizing" than an institution that pays residents five cents an hour or two dollars a month. Another way of testing an institution by the "normalization" criterion is to simply ask: "Are residents in the institution being treated in the same manner that I am used to being treated?"

Additional Hints on Observing

People who work in institutions, like people in other professions or vocations, have the tendency to put their best face forward. Visitors are often shown the new programs, the most modern wards and, in general, the more pleasant and exemplary aspects of institutional life. You may, therefore, have to ask persistently to be shown the entire institution, including those areas or aspects of life that are clearly less attractive or less therapeutic. (Many staff members show visitors the best areas not because they want to mislead the observer, but rather because they often want to save the observer from the unpleasantries of back wards or because they consider back wards unrepresentative or unimportant aspects of the overall institution.) You may want to ask the staff where the "chronic schizophrenic" or "profoundly retarded" residents live. The "chronic" wards in mental facilities and the "ambulatory, severely retarded" adult wards in mental retardation facilities are often the areas in which the poorest conditions exist and where the least amount of staff care is provided. You will want to see not just the worst wards or just the best; try to view the back wards and the "prize" wards.

Most people who visit institutions are able to spend only a few hours in the setting, most of this time on a guided tour. If you intend to develop a feeling for institutional life, you will probably want to spend more time than this "in the field." You will probably want to leave the guided tour and engage in casual conversation with residents and staff alike as well as to observe day-to-day activities. You may want to observe at night, as well as during the day.

As you proceed with your observations in a variety of wards, you may become confused by the many different "messages" or "perspectives" communicated to you by residents and staff. Keep in mind that each role in the institution, be it that of a physician, attendant, or resident, carries with it a perspective on institutional life. It is important, if you are going to develop an understanding of institutional life, to mingle with all the people in the institution so that you are exposed to an overview. To talk only to the doctor who may be your guide is to ignore all other facets of the institution. As you listen to the various perspectives of institutional life, you may wish to resolve the confusion by deferring to the person in the highest position of authority. You may want to accept this person perspective as the "truthful" or "objective" one. This may happen easily since our society expects us to defer to those in command; within the institutional framework, doctors are supposed to know about the nature of residents and by definition, the residents are incompetent and of questionable intellect. No matter how confusing the task, you should try to develop a perspective that allows you to treat all views as equally "true." People see things differently, depending upon their position.

Your job is to see the world from the point of view of a variety of people (the residents, the attendants, the physicians, the custodians, the visitors, etc.). If you wish to draw conclusions about your observations, these should be based upon your knowledge of many perspectives rather than one.

People have a tendency to modify their behavior in the presence of strangers and you should take this consideration into account when observing. The degree to which others modify or guard their behavior will depend, in part, on how you, as a stranger, conduct yourself. If you ask threatening questions or phrase your inquiries in such a way as to put people on their guard, they are likely to hold back from engaging in open conversation. If you are snobbish or overly aggressive, people may try to avoid you or provide unrevealing "yes" and "no" answers. Moreover, if staff or residents feel that you might break their confidence by passing on information to people "higher up," they might be reluctant to speak freely. It is therefore best to play down your own position and to conduct yourself in an open and friendly way. Say "hello" or "hi" to people who pass you in the hallways, for example, and accept coffee and other such things when offered. Volunteer to help people with their tasks. Dress in an appropriate way, without over- or underdressing. Finally, the more time you spend in the field, the more likely you are to gain acceptance by all participants and to begin to understand their many perspectives on institutional life.

A useful technique for making your observations profitable is to attempt to concentrate as intensely as possible on everything you see and hear. You should pay special attention to comments and conversation, to environmental factors such as architecture and decor, and to activities, so that you do not overlook things which might ordinarily go unnoticed. You should constantly ask yourself, "What does this event, activity or comment reveal about the life in this institution?" A helpful way of preserving the quality of your observations is to record them immediately after observing, when you are out of the presence of institutional participants.

OBSERVING IN INSTITUTIONS

I. Building and Grounds

Where is the institution located?
- Is it located near a population center?
- Is it easily accessible to family members and visitors?
- Is it close to shopping centers and public recreation areas?

What transportation facilities are available to and from the institution?

How many residents are at the institution?
- How many buildings are there?
- How many residents live in each building?

How old are the buildings?
- What is the condition of the buildings?

Are there fences or walls around the institution?

Are there bars on the windows?

What do the signs on the grounds say?

What are the grounds like?

Do many residents use the grounds?

Do the buildings meet fire and safety standards?

What is the temperature like in the institution?

Is there an adequate ventilation system?

What odors are present in the institution?

How do staff offices differ from the buildings in which residents live?

II. Admission

What are the admission procedures like (both official and unofficial)?
- Who makes referrals to the institution?
- How and by whom are residents brought?

What is the average length of stay at the institution?
- How do people get discharged?

What literature is provided to family members and guardians?

How can voluntary residents become involuntary residents?

III. The Institution's Facade

Does the institution present a deceptive view to the public?
Do staff members perform special arrangements, such as extraordinary cleaning and resident care, when visitors are expected?
Does the staff show visitors only the better managed and cared for areas of the facility?

Is the staff notified when outsiders will visit the wards?

Do staff members alter the usual appearance of residents (by providing new clothing, for example) when visitors are expected?

Do institutional personnel act as if locked doors are not a regular feature of the institution even though you encounter numerous locked doors throughout the facility?

To what degree does the institution's literature accurately reflect the nature of the institution?

IV. Living Space

How is living space arranged on the ward (i.e., dorm, dayroom or living area/ private rooms)?

How many residents sleep in a room?

Is the ward clean, attractive, comfortable, and homelike?
How different does the ward look from the average home?

Is the ward appropriately furnished and decorated?
What is the furniture like?
Is it comfortable?
Do the beds have pillows and bedspreads?
Do residents have their own closets and dressers?
Are there curtains, pictures, rugs, and other normalized decorations and furnishings?

Who decides on decorations and furnishings? Residents? Staff? Administrators?

Are residents free to decorate their own living space?

How many feet of floor space are provided to residents in the sleeping areas?

Can residents open windows?

How crowded is the ward?

V. Habilitation and Treatment

Does each resident have an individual habilitation plan containing long-term and short-term objectives?
Does each resident's plan include a recommendation for community placement as well as a specific post-institutionalization plan?

Is this plan developed by qualified staff?
Is the plan reviewed annually?
Are residents and/or their guardians involved in the development of this plan?

Has each resident received a comprehensive social, psychological, educational and medical evaluation?
How often are these evaluations conducted?
Are these evaluations conducted by qualified professionals?

Does each school-aged child have an individual education plan containing long-term and short-term objectives?
Is this plan developed by qualified staff?
Is this plan reviewed annually?
Are residents and/or their guardians involved in the development of this plan?

Is there a specific staff member assigned to each resident?
Who is responsible for seeing that the resident is working toward and attaining habilitation goals?

Are residents involved in full-time programming?
Educational and developmental programming?
Occupational therapy?
Physical therapy?
Vocational rehabilitation?
Psychological counseling?
Recreation?
Work programs?
Where does programming occur?

Do residents receive training and assistance in acquiring skills necessary for more independent living (e.g., personal hygiene, washing clothes, making beds, cooking, budgeting).

Do residents have opportunities to be involved in social and leisure time activities alone or in small groups?

Are residents provided with eyeglasses, hearing aids, and prosthetic devices?

What diseases and parasites are common among residents?
How are these treated or controlled?

Are there any overt signs of unattended cuts, sores, or bruises?

Do residents complain about untreated physical ailments?

Do staff members seriously consider residents' complaints about physical illness?

Do residents receive prompt and adequate medical treatment for physical ailments?

Are residents subjected to behavior modification programs which serve staff convenience rather than the good of the resident?
Are noxious or aversive stimuli used in behavior modification programs?
Are these used with the prior knowledge and consent of the resident or guardian?

Are residents used in drug experiments and other research projects without their prior knowledge and/or consent?

Are nonambulatory residents removed from bed during the day?

Are nonambulatory residents provided with physical therapy and a range of motion exercises on a regular basis?

Do nonambulatory residents show signs of neglect or lack of exercise (e.g., bed sores, atrophied limbs)?

Are nonambulatory residents lying on the floor? On mats? Are they provided with supports or cushions?

How are nonambulatory residents fed?
Are they fed in an upright position?

Are nonambulatory residents provided with individually fitted wheelchairs?

Are physical facilities (e.g., toilets, buildings, water fountains) adapted for people in wheelchairs?

What were residents doing at the time of your visit?
Were they engaged in any meaningful activities?

VI. Staff

How many staff work at the institution?
How many professionals work at the institution?
How many direct care staff (i.e., attendants) work at the institution?

What are the various staff positions at the institution?
How can you tell what position a staff member holds?

What are the qualifications of the various staff members?

What training do attendants receive?

What is the staff turnover rate?

How do staff members think of their jobs?
What reasons do they give for working at the institution?

What do staff members consider the most important aspect of their work?

Are staff members primarily concerned with custodial care or habilitation?

How much staff time is taken up by custodial and surveillance activities as opposed to working with residents?

How do staff members view residents?
As developing persons?
As children?
As immoral?
As dangerous?
As victims?
As poor souls?

Do staff refer to residents as "kids" or "boys" and"girls?"

Do the staff stereotype the residents (e.g., as "low grades," "chronics," "vegetables")?

How much of staff time is spent "sitting around?"

Are there official or unofficial staff and resident territories (special areas that belong exclusively to staff or residents)?
What are these places like?

What rules do staff members ignore?

VII. Residents

How many residents live on each ward or unit?

How do residents view the institution?
Do they say different things in private than in public?

How do residents view the staff?

What reasons do residents give for being at the institution?

VIII. Staff and Residents: Communication

When do staff members talk to residents?
How do they talk to residents (e.g., commands, patronizing tones)?
How do residents talk to staff?

Do residents approach staff more than staff approach residents?

Do staff members hide things from residents and vice versa?

Do staff members treat residents' time as valuable (e.g., do they break appointments or keep them waiting)?

Do staff members raise their voices when talking to residents?

Are residents ignored by staff members?
To what extent do staff members treat residents as though they were not present?

Do staff members gossip about residents?

Are residents teased? How?

Are residents cursed?

Are residents subjected to verbal indignities or "put downs?"

Do staff members force or encourage residents to perform for visitors?

Do staff members contradict residents when they are speaking?

How do staff members refer to residents (first name or last name)?
Is this reciprocal?

What nicknames do staff members use for residents?
What nicknames do residents use for staff?

How do residents talk among themselves?

IX. Vocabulary

What special names do staff members use for activities, objects, and places at the facility?

To what extent do program titles (e.g., "motivation training," "vocational rehabilitation") actually reflect activities at the facility?

What words or phrases are used which you have not heard before?

Do staff members use an esoteric vocabulary to refer to mundane events and activities (e.g., "time out" for isolation)?

Can staff members intelligently discuss the vocabulary they use?

Do staff members use cliches when talking about residents (e.g., "Give them an inch and they'll take a mile")?

X. Daily Routines

Do residents spend time in a number of different settings over the course of the day?

What is the schedule of daily life?
How does this schedule compare with life in the community?
When do residents get up, eat, bathe, and go to sleep?

To what extent are daily routines individualized?
Do residents do things en masse?

What is a typical weekday for a resident? Weekend?

What are bathing procedures and facilities like?
How often do residents bathe?
Who determines when residents bathe?
Do residents have privacy when bathing?

What are mealtimes like?
Is the food appetizing and nutritious?
Do residents have a choice of foods at each meal?
Where do residents eat? What is the atmosphere?
How much time is given for residents to eat?
How is the food served?

What eating utensils do residents use?
How are residents who have difficulty eating treated?
Do staff members eat with residents?
Can residents eat other than at mealtimes?

Is there a canteen or snack bar?
Who uses this?

Is there a place to go for residents to be alone?

Do residents ever leave institution during the course of the day?

Do residents maintain their own living quarters?

What kinds of work do residents do?

Are residents compensated for their work?
Does the compensation meet minimum wage standards?

Are privileges contingent on the performance of labor?

Are residents involved in the care of other residents?

Do residents perform services for staff? What?

Do residents choose their work activities ?

To what extent are programs (e.g., "vocational rehabilitation) actually a form of institutional maintenance?

XI. Clothing

Do residents have their own clothing?
What is this clothing like? Does it look normal?
Is clothing conspicuously marked with people's names?

Do residents select their own clothes to wear?

Are residents' clothes clean?

Are all residents kept dressed?

Is outdoor clothing available?

Is there any difference between staff members' clothing and residents' clothing?

XII. Personal Appearance and Hygiene

What is residents' appearance like?
What are their hair styles? Are these appropriate for their age and sex?

Do residents have control over their appearance and hair styles?

What personal hygiene items are available for residents to use?

Are residents assisted, when appropriate, in grooming and personal hygiene?

Are residents encouraged to learn to do things for themselves?

Is the number of toilets adequate for the number of residents?

Are the bathrooms clean and free of odor?

Is there toilet paper in the bathrooms?

Are there toilet seats on the toilets?

Are there soap and towels in the bathroom?

Are there stalls with doors around the toilets?

XIII. Personal Possessions

Do residents have their own possessions?
Are these appropriate for residents' age and sex?

Do residents have their own personal hygiene articles, toothbrushes, combs, brushes, etc.?

Are there magazines, newspapers, and books around for residents to read or look at?

Are children provided with toys?

Do residents have their own places to store their possessions?

Do residents have access to their possessions?

XIV. Residents' Rights

Are residents provided with privacy?
Do staff members knock before entering residents' rooms?
Are residents asked if they mind having outsiders visit their residence?

Do residents have their own money and property?
How is their money handled?

Are there any rules concerning mail?
Is mail censored?

Are residents free to make phone calls in private?

Are residents allowed to have visitors of their choice?

Are residents allowed and encouraged to vote?

Do residents have opportunities to interact with members of the opposite sex?
What rules govern sexual activities?

Are residents free to associate with persons of their choice?

Can residents smoke cigarettes and drink alcohol?
Are residents permitted to have matches or lighters?

Are details concerning residents' lives kept confidential?

Can residents practice religion as they choose?

Are residents living in the least restrictive setting possible?

Can residents bring grievances against the facility or the staff?
Are there written grievance procedures?

To what extent do residents govern their own lives?
Do residents have their own decision-making body? How does this work?

Do residents have access to lawyers or other advocates?

Are residents free to come and go as they choose?

Do you think it would be difficult to maintain your sense of dignity if you were living at the facility?

XV. Control

What restrictions are placed on residents' freedom of movement within or outside of the facility?

What behavior control techniques are used?

Do staff use some residents to control others?

What physical measures are used to control residents?

What kinds of restraining devices are used?
Straight jackets?
Binding devices?
Shackles?
Helmets?
Mittens?

When are restraining devices used?

What policies govern the use of restraining devices?
Do staff follow these policies?

What percentage of residents receive tranquilizers or other behavior control drugs?

Are residents told what medications they receive?

Are prescriptions written with a termination date?

How often are prescriptions reviewed?

Can residents refuse to receive behavior control drugs?

Are drugs used as a substitute for programming?

Do residents show signs of negative side effects of drugs (listlessness, neurological disorders, anxiety, etc.)?

Do drugs interfere with the resident's habilitation program?

Do residents receive routine checkups for negative side effects of drugs?

Do staff members ever threaten residents?

Are residents coerced into telling information about other residents?

Is residents' past behavior used by staff to humiliate or degrade them?

What behaviors do staff punish?

Which staff members have the authority to punish residents?

Are residents allowed to express themselves without fear of punishment?

Is denial of food ever used as punishment?

Is "therapy" perceived as punishment by residents?

What tasks are used as punishment?

Are residents in danger of assault from other residents?

Is isolation ("time out") used as a form of punishment?

Are there any locked areas within the ward?

XVI. Relations with Family Members

Is there communication between the family and residence staff?

What rules apply to visits by family members?

Are family members encouraged to visit residents?

Are family members permitted to visit all areas of the facility?

Are family members consulted in the development of habilitation plans and in other matters regarding residents' care?

XVII. Records

What are residents' records like?

Do records contain a place for residents' grievances?

Do records present a negative view of the resident and his or her capabilities?

Do staff regularly consult residents' records to assure continuity of care?

Are residents' records kept confidential and private?

Do residents and/or their guardians have access to records?

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